

STATE OF CALIFORNIA
**MAINTENANCE GARDENER
PEST CONTROL BUSINESS RENEWAL APPLICATION**

PR-PML-186 (REV. 9/04)
Page 1 of 2

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038
FAX - (916) 445-4033
Web site: <http://www.cdpr.ca.gov/>

☐ Name Change ☐ Address Change

Business License Number: _____

Business Name: _____

Address: _____

City, State, Zip: _____

IMPORTANT - PLEASE READ
COMPLETE ALL INFORMATION AND THE RENEWAL INFORMATION REQUIREMENTS

Qualified Person. Each business location must have a qualified person who possesses a valid Qualified Applicator License or Certificate with the appropriate pest control category Q or B to engage in pest control from each location. If you need additional space, attach a separate sheet of paper.

Name

License Number

Categories

Name	License Number	Categories
_____	_____	_____
_____	_____	_____

Worker's Compensation Insurance. If you have employees, provide the name of the Worker's Compensation Insurance Carrier, policy number, and policy expiration date.

WORKER'S COMP. INSURANCE CARRIER NAME

POLICY NUMBER

EXPIRATION DATE

Financial Responsibility Requirement (check one):

- ☐ I declare under penalty of perjury, that as to chemical bodily injury and chemical property damage resulting from my pest control operations, I am financially able to respond to damages using my own personal assets (3CCR Section 6524)
- ☐ I have complied with this requirement by obtaining liability insurance, through the following expiration date, in an amount not less than what is specified in the financial responsibility requirements (3CCR section 6524)

INSURANCE CARRIER NAME

POLICY NUMBER

EXPIRATION DATE

Submit a copy of documents certifying that you meet the financial responsibility requirements.

Fees. See Page 2 (instructions) to determine fees and payment methods. **ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.**

Indicate Amount Enclosed: \$ _____

I declare under penalty of perjury, under laws of the State of California, that the above information provided by me is true and correct.

SIGNATURE

TITLE

DATE SIGNED

FOR OFFICIAL USE ONLY

IMPRINT

PROBLEM

RENEWED

DATA ENTRY

RC

Instructions on reverse

MAINTENANCE GARDENER PEST CONTROL BUSINESS RENEWAL APPLICATION INSTRUCTIONS

PR-PML-186 (REV. 9/04)

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RENEWAL TIME LINE

Renewal time lines have been established to help determine when you may expect to receive your license or certificate based on the date your renewal application is received by the Licensing and Certification Unit. Renewal time lines are posted on the Department of Pesticide Regulation's (DPR's) web site.

CHECK LIST: This list will help ensure that your renewal application is completed in full prior to mailing.

- ☐ **Change of Name/Address.** 3CCR Section 6508 requires all license/ certificate holders to notify DPR immediately of any change in business name, address, qualified person, business organization, or any other information required on the application. Indicate any corrections that appear on the renewal form in the space provided.

Licenses are not transferable. In the case of change of business organization or ownership, a new application and fee are required. If you had a change in ownership or partners or have incorporated, contact us.
- ☐ **Qualified Person.** Each Maintenance Gardener (MG) pest control business location must have a qualified person who possesses a Qualified Applicator Certificate or License with the appropriate pest control category Q or B to engage in pest control from each location. Provide the name(s), license type, license number and category(ies) of the qualified person who is responsible for supervising the pest control operations at the location on the space provided on the renewal form. If additional space is needed, attach a separate sheet of paper.
- ☐ **Worker Compensation Insurance.** Each applicant who is an employer as defined in Section 3300 of the Labor Code is required to carry worker's compensation insurance. If applicable, complete the information on the renewal form; otherwise indicate non-applicable (NA).
- ☐ **Financial Responsibility Requirement.** This requirement must be met. If you are able to financially respond to damages using your own personal assets, please check the first box under 3. Otherwise, provide a copy of the documents that meet the requirements of Food and Agriculture Code Section 11702 (c)(2) and 3CCR Section 6524. The MG pest control business license will not be renewed without meeting this requirement.
- ☐ **Fees.** All fees are non-transferable and non-refundable. Fees must be paid for each MG pest control business license as totaled on the renewal form. A late penalty fee of fifty percent (50%) of the total renewal fee will be assessed for each license **postmarked after December 31.**

License Renewal (2 Year) and Late Penalty Fees

	Renewal	Late Fee
MG Pest Control Business	\$160.00	\$80.00

- ☐ **Declaration/Signature.** Sign, title and date the renewal application form.
- ☐ **Payment.** Enclose a check, money order or credit card payment payable to "Cashier, Department of Pesticide Regulation".
- ☐ **Mail** the payment, completed renewal application form, and all required documents in the enclosed envelope addressed to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

Questions? Your business name and license number will be posted to DPR's web site as soon as your application is approved and logged into the database. Our web site address is <http://www.cdpr.ca.gov/docs/license/currlic.htm>. For other questions about your application, please contact the Licensing and Certification Program at (916) 445-4038.

Failure to complete or provide the requested information may delay the processing of your application.

Questions and Answers

We hope the following commonly asked questions and our answers will assist you in completing your license renewal application with minimal problems. This document and additional questions and answers will be posted on our website at www.cdpr.ca.gov if you wish to view them.

Business Licenses

1. What are some of the common problems associated with pest control business license renewal applications that are received by the Department of Pesticide Regulation (DPR)?
Some of the most common problems associated with pest control business license renewal applications are: no payment or wrong amount submitted; no signature; qualified person not renewed; invalid liability or worker compensation insurance.
2. What is the procedure for notifying DPR of a name change or address change?
The procedure for notifying DPR of a name or address change is to fill out and send in form (PR-PML-002). The form is available on DPR's website. During renewal, the name and address changes can be made on the renewal application. In the case of name change, other documents may be needed. Please consult with DPR.
3. What is the procedure for notifying DPR of an ownership change?
The procedure for notifying DPR of an ownership change is the same as applying for a new business license. Licenses are not transferable. The forms are available on our website.
4. Who signs the renewal application form?
The owner or officer of the business must sign the business renewal application form.
5. Are renewal application fees refundable?
Renewal application fees are not refundable
6. If my worker compensation insurance and/or liability insurance has expired or will expire soon, do I need to submit updated insurance policies?
Yes, if your worker compensation insurance or liability insurance has expired or will expire soon, you need to submit an updated policy.
7. Can I fax the required insurance documents to DPR?
Yes, you can fax in the required documents. However, because many faxes are not legible, a hard copy should also be sent. Please indicate on the hard copy that a fax was sent.
8. Can my insurance company directly submit my insurance paperwork to DPR?
Yes, your insurance company can directly submit your insurance paperwork to DPR. In order to track it better, please have your insurance company put your DPR license number on the paperwork.
9. Can I renew my business license if my qualified applicator license is not renewed?
You cannot renew your pest control business license if your qualified applicator is not renewed or does not have a valid qualified applicator license.
10. Does the qualified person listed on the business license renewal application need to possess a license/certificate that is current for the next valid period for the business being renewed?
Yes, in order for a business to be issued their pest control business license, the person listed on the renewal application as the qualified person must be licensed.

11. Does each business license location need a different qualified applicator or designated agent licensee to actively supervise the location or can one qualified person supervise all of the separate locations?

Yes, each business license location needs a different qualified applicator or designated agent licensee to actively supervise the location. One person cannot supervise multiple locations.

12. Can I renew my pest control business license if it has been expired for more than 12 months ?

You cannot renew your pest control business license if it has been expired for more than 12 months. You will have to apply for a new pest control business license.

13. Can my completed business license renewal application form and credit card payment be faxed or paid electronically via the internet?

You cannot submit your business license renewal application form or credit card payment via fax or the internet.

14. Does DPR post the names of the businesses that have a valid DPR pesticide or pest control business license on the DPR website?

Yes, DPR does post the names of the businesses that have a valid DPR pesticide or pest control business license on the DPR website.

15. How can I avoid paying a late renewal penalty?

You can avoid paying a late renewal penalty by submitting your renewal application, documents and fee prior to December 31, 2005. The penalty will be based on the postmark date.

16. What happens if the renewal process is not finalized by the expiration date?

If your paperwork is not finalized by December 31st, but received before then, there is no penalty.

17. How long after expiration of my license/certificate will I be able to renew as long as I meet the requirements?

You have 12 months (w/ late fee), after your license/certificate expires to renew as long as you meet the requirements.

18. How long does it take to process my renewal application?

It can take up to 30 days or longer to process your renewal application depending on when you submitted it.

FINANCIAL RESPONSIBILITY OPTIONS FOR PEST CONTROL BUSINESS

Each applicant for a Pest Control Business License must demonstrate financial responsibility for the type of work performed. The applicant can demonstrate financial responsibility by one of the following options: (1) file with the Director an approved original certificate of insurance certifying liability insurance coverage that meets the Department's minimum standards; (2) deposit with the Director a certificate of deposit that meets the Department's minimum standards; (3) a surety bond that meets the Department's minimum standards, on the form provided by the Director; or provide a statement to the Director that as to chemical bodily injury and chemical property damage resulting from their past control operations they are financially able to respond to damages using their own personal assets (applies to Maintenance Gardener Pest Control Business License only).

Type of Pest Control Business	Option 1: Liability Insurance			Option 2: Certificate of Deposit	Option 3: Surety Bond	Option 4:
	Bodily Injury Per Person	Bodily Injury Per Occurrence	Property Damage			
Pest Control Business License - applicants who make applications by ground rig or apply fumigants.	\$100,000	\$300,000	\$50,000	\$75,000	\$75,000	
Pest Control Business License - applicants who make application by aircraft.	\$100,000	\$300,000	\$100,000 per aircraft(a)	\$50,000 per aircraft(b)	\$50,000 per aircraft(b)	
Maintenance Gardener Pest Control Business License - applicants who perform pest control incidental to their maintenance gardener work.	\$5,000	\$10,000	\$5,000	\$5,000	\$5,000	Financially able to respond to bodily injury and property damage statement (DPR-PML-170).

(a) When more than one aircraft is insured, the property damage aggregate is one-half the property damage limit times the number of aircraft insured.

(b) A certificate of deposit or a surety bond need not exceed \$300,000 per Pest Control Business License.

VISA / MASTERCARD TRANSACTION



INSTRUCTIONS:

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038.
4. Mail your completed application with this form to the appropriate address below:

Licensees:

ATTN: Cashier
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

Continuing Education Sponsors:

Cashier
ATTN: CE
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

5. **DO NOT FAX** this form to DPR

NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)														CHECK ONE <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		TODAY'S DATE	
BANK CARD NUMBER (16 DIGITS)																BANK CARD EXPIRATION DATE	TOTAL AMOUNT OF PAYMENT \$.
																	TELEPHONE NUMBER ()

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

FOR PAYMENT OF:

NAME OF LICENSEE OR SPONSOR

MAILING ADDRESS (Street or P.O. Box Number)

(City, State, and ZIP Code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:	TODAY'S DATE	DATE MAILED	BY
--	--------------	-------------	----

Don't Wait To Renew

Schedule for Business License Renewals

*If DPR receives your renewal on or
before:*

- > **October 29, 2005**
*We will mail it back by
December 17, 2005*
- > **November 30, 2005**
*We will mail it back by
January 17, 2006*
- > **December 31, 2005**
*We will mail it back by
February 18, 2006*
- > **January 31, 2006**
*We will mail it back by
March 15, 2006*



www.cdpr.ca.gov

California Department of
Pesticide Regulation
Licensing and Certification
916-445-4038

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www.cdpr.ca.gov

California Department of
Pesticide Regulation
Licensing and Certification
916-445-4038

MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE RENEWAL INFORMATION REQUIREMENT

PR-PML-137 (EST.7/01)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
1001 I STREET
SACRAMENTO, CA 95814-2828
P.O. BOX 4015
SACRAMENTO, CA 95812-4015
(916) 445-4038
FAX (916) 445-4033
Web site: <http://www.cdpr.ca.gov>

A. Officer/Owner Information	Fax #	E-mail address	Business Phone Number
Officer/Owner Name 1.	Title		
2.			
3.			
4.			

B. Qualified Applicator Licensee & Certificate Holder Information

In order for the Maintenance Gardener Pest Control Business license to be valid, the business must have a Qualified Applicator Licensee or a Qualified Applicator Certificate holder with Category Q (landscape maintenance pest control). The Qualified Applicator Licensee or the Qualified Applicator Certificate holder is responsible for supervising the pest control operations of your business.

Please list the qualified applicator(s) for your business.

Qualified Applicator Name 1.			
License/Certificate Number	Expiration Date	License/Certificate Type (Check one) <input type="checkbox"/> Qualified Applicator License <input type="checkbox"/> Qualified Applicator Certificate	
Qualified Applicator Name 2.			
License/Certificate Number	Expiration Date	License/Certificate Type (Check one) <input type="checkbox"/> Qualified Applicator License <input type="checkbox"/> Qualified Applicator Certificate	
Qualified Applicator Name 3.			
License/Certificate Number	Expiration Date	License/Certificate Type (Check one) <input type="checkbox"/> Qualified Applicator License <input type="checkbox"/> Qualified Applicator Certificate	
Qualified Applicator Name 4.			
License/Certificate Number	Expiration Date	License/Certificate Type (Check one) <input type="checkbox"/> Qualified Applicator License <input type="checkbox"/> Qualified Applicator Certificate	

C. Pest Control Business Information

1. Please indicate the type of pest control your business performs by checking the appropriate box(es) below.

<input type="checkbox"/> Interior Landscape Maintenance	<input type="checkbox"/> Turf Pest Control	<input type="checkbox"/> Weed Control
<input type="checkbox"/> Exterior Landscape Maintenance	<input type="checkbox"/> Ornamental Pest Control	

2. Please indicate the county(ies) you will be working in by checking the appropriate county(ies) below.

<input type="checkbox"/> 1. Alameda	<input type="checkbox"/> 13. Imperial	<input type="checkbox"/> 25. Modoc	<input type="checkbox"/> 37. San Diego	<input type="checkbox"/> 49. Sonoma
<input type="checkbox"/> 2. Alpine	<input type="checkbox"/> 14. Inyo	<input type="checkbox"/> 26. Mono	<input type="checkbox"/> 38. San Francisco	<input type="checkbox"/> 50. Stanislaus
<input type="checkbox"/> 3. Amador	<input type="checkbox"/> 15. Kern	<input type="checkbox"/> 27. Monterey	<input type="checkbox"/> 39. San Joaquin	<input type="checkbox"/> 51. Sutter
<input type="checkbox"/> 4. Butte	<input type="checkbox"/> 16. Kings	<input type="checkbox"/> 28. Napa	<input type="checkbox"/> 40. San Luis Obispo	<input type="checkbox"/> 52. Tehama
<input type="checkbox"/> 5. Calaveras	<input type="checkbox"/> 17. Lake	<input type="checkbox"/> 29. Nevada	<input type="checkbox"/> 41. San Mateo	<input type="checkbox"/> 53. Trinity
<input type="checkbox"/> 6. Colusa	<input type="checkbox"/> 18. Lassen	<input type="checkbox"/> 30. Orange	<input type="checkbox"/> 42. Santa Barbara	<input type="checkbox"/> 54. Tulare
<input type="checkbox"/> 7. Contra Costa	<input type="checkbox"/> 19. Los Angeles	<input type="checkbox"/> 31. Placer	<input type="checkbox"/> 43. Santa Clara	<input type="checkbox"/> 55. Tuolumne
<input type="checkbox"/> 8. Del Norte	<input type="checkbox"/> 20. Madera	<input type="checkbox"/> 32. Plumas	<input type="checkbox"/> 44. Santa Cruz	<input type="checkbox"/> 56. Ventura
<input type="checkbox"/> 9. El Dorado	<input type="checkbox"/> 21. Marin	<input type="checkbox"/> 33. Riverside	<input type="checkbox"/> 45. Shasta	<input type="checkbox"/> 57. Yolo
<input type="checkbox"/> 10. Fresno	<input type="checkbox"/> 22. Mariposa	<input type="checkbox"/> 34. Sacramento	<input type="checkbox"/> 46. Sierra	<input type="checkbox"/> 58. Yuba
<input type="checkbox"/> 11. Glenn	<input type="checkbox"/> 23. Mendocino	<input type="checkbox"/> 35. San Benito	<input type="checkbox"/> 47. Siskiyou	
<input type="checkbox"/> 12. Humboldt	<input type="checkbox"/> 24. Merced	<input type="checkbox"/> 36. San Bernardino	<input type="checkbox"/> 48. Solano	

A. Instruction. If this certificate is used to demonstrate financial responsibility, it must be completed by the insurance company. In addition to this certificate, your insurance company must provide the Department with their certificate of insurance describing the insurance afforded to your pest control business.

B. Certificate Statement

This certifies that the insurance policy of _____ (company
affording coverage) issued to _____ (insured name),
an applicant for a pest control business license affords the following coverage:

1. Covers crop or landscape or property damage as a result of a drift of a pesticide from the area of treatment.
2. Covers crop or landscape or property damage that may result from the handling of a pesticide or equipment failure during the pesticide application.
3. Covers bodily injury to persons not involved with the pesticide application when the pesticide is directly or indirectly applied on them accidentally and results in an illness or injury.

C. Insured Information

INSURED BUSINESS NAME		PEST CONTROL BUSINESS LICENSE NUMBER	
BUSINESS LOCATION ADDRESS	(City)	(State)	(Zip Code)

D. Insurance Company and Insurance Agent/Broker Information

1. INSURANCE COMPANY NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS	(City)	(State)	(Zip Code)

CONTACT PERSON NAME			
2. INSURANCE AGENT/BROKER NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS	(City)	(State)	(Zip Code)
CONTACT PERSON NAME			

The undersigned hereby certifies that liability insurance issued to the aforementioned insured, fulfills the requirements stated above and the requirements pursuant to Section 6524, of Title 3, of the California Code of Regulations.

The issuing company agrees that in the event of non-renewal or material change, including cancellation or reduction of coverage of the policy(ies), the issuing company will endeavor to give the party to whom the Certification is issued 30 days advance notice of such non-renewal or change, but the issuing company shall not be liable in any way for failure to give such notice.

INSURANCE REPRESENTATIVE SIGNATURE	DATE SIGNED
------------------------------------	-------------

This is to certify to the Director of the Department of Pesticide Regulation, whose address is 1001 I Street, Sacramento, California 95814-2828 that _____ (name of business), an applicant for a pest control business license, is at this date insured with _____ (Insurance Company) for the Limits of Coverage stated below.

Coverage Descriptive Schedule

Insurance Coverage	Policy Number(s)	Expiration Date(s)	Limit of Liability Per Person	Limit of Liability Per Occurrence	Limit of Liability Annual Aggregate
1. Bodily injury <u>including</u> Chemical Liability			\$	\$	\$
2. Property Damage <u>including</u> Chemical Liability			\$	\$	\$
3. Combined Single Limit for Bodily Injury and Property Damage <u>including</u> Chemical Liability				\$	\$

List of Covered Aircraft (Attach additional sheet if necessary)

Aircraft "N" Number	Aircraft Usages (Chemical Use/Nonchemical Use)	Remarks
1) N		
2) N		
3) N		

Insured Information

INSURED BUSINESS NAME	PEST CONTROL BUSINESS LICENSE NUMBER		
BUSINESS LOCATION ADDRESS	(City)	(State)	(Zip Code)

Insurance Company and Insurance Agent/Broker Information

1. INSURANCE COMPANY NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS	(City)	(State)	(Zip Code)
CONTACT PERSON NAME			
2. INSURANCE AGENT/BROKER NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS	(City)	(State)	(Zip Code)
CONTACT PERSON NAME			

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INSURANCE REPRESENTATIVE SIGNATURE	DATE SIGNED
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LIABILITY CERTIFICATION STATEMENT

MAINTENANCE GARDENER PEST CONTROL
BUSINESS LICENSE
PR-PML-170 (REV. 7/03)

PEST MANAGEMENT AND LICENSING BRANCH
1001 I STREET
SACRAMENTO, CA 95814-2828
P.O. BOX 4015
SACRAMENTO, CA 95812-4015
(916) 445-4038
FAX (916) 445-4033
Web site: <http://www.cdpr.ca.gov>

I, _____ certify that I engage in pest control for hire as
an incidental part of my regular Maintenance Gardening business.

I will respond to any damages I may cause while performing activities through the use of my own personal
assets.

I certify that there are no unpaid judgments against my company resulting from lawsuits filed against the
business.

I certify that there are no current lawsuits filed against my company relating to pest control activities.

I certify that there are no liens on my personal or real property due to unpaid taxes.

THE BUSINESS NAME IS _____

**I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA,
THAT THE FOREGOING IS TRUE AND CORRECT.**

SIGNATURE _____ DATE _____

California Environmental Protection Agency

Customer Service Survey

Our goal is to provide you with the best possible customer service. Your feedback telling us what is going well and what needs improvement is essential to our success to better serve you. We ask that you take a moment to complete the electronic customer service survey form at www.calepa.ca.gov/Customer/CSForm.asp. To assure that we receive your comments, please select “Department of Pesticide Regulation” and “Division of Pest Mgmt, Environmental Monitoring, Enforcement & Licensing” on the survey form. If you do not have access to the Internet and our electronic Customer Service Survey form, please feel free to write us at:

California Department of Pesticide Regulation
Pest Management and Licensing Branch
P.O. Box 4015
Sacramento, CA 95812-4015

Thank you for your feedback.